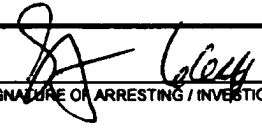


|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| ADMINISTRATIVE                                                                                                                                                                                                                                                 | ARREST / NOTICE TO APPEAR                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                 | 1 Arrest<br>2 N.T.A.<br>3 Request for Warrant<br>4 Request for Capias<br>5 Juvenile Referral                |                                                                                                                                                                         | 1                                                                                                      | JUVENILE                                         |
|                                                                                                                                                                                                                                                                | ORTS Number<br>Agency ORI Number <b>0500200</b>                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                 | Agency Name <b>Boca Raton Police Department</b>                                                             |                                                                                                                                                                         | Agency Report Number (N.T.A.'s only)<br><b>2018-016035</b>                                             |                                                  |
| DEFENDANT                                                                                                                                                                                                                                                      | Charge Type<br><input type="checkbox"/> Felony<br><input type="checkbox"/> Traffic Felony<br><input checked="" type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Traffic Misdemeanor<br><input type="checkbox"/> Ordinance<br><input type="checkbox"/> Other |                                                                                                                                                                                                                                                                                                                 | If Weapon Seized<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> None/not Applicable |                                                                                                                                                                         | Multiple Clearance Indicator<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                  |
|                                                                                                                                                                                                                                                                | Location of Arrest (Including Name of Business)<br><b>800 N FEDERAL HWY, BOCA RATON 33432</b>                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                 | Location of Offense (Business Name, Address)<br><b>800 N FEDERAL HWY, BOCA RATON, FL 33432</b>              |                                                                                                                                                                         |                                                                                                        |                                                  |
| JUVENILE                                                                                                                                                                                                                                                       | Date of Arrest                                                                                                                                                                                                                                                       | Time of Arrest                                                                                                                                                                                                                                                                                                  | Booking Date                                                                                                | Booking Time                                                                                                                                                            | Jail Date                                                                                              | Jail Time                                        |
|                                                                                                                                                                                                                                                                | <b>11/29/2018</b>                                                                                                                                                                                                                                                    | <b>04:00</b>                                                                                                                                                                                                                                                                                                    | <b>11/29/2018</b>                                                                                           | <b>04:10</b>                                                                                                                                                            | <b>11/29/2018</b>                                                                                      | <b>00:00</b>                                     |
| Name (Last, First, Middle)<br><b>HENRY, DOMINIQUE PAULINE</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      | Alias:<br><b>PIER LO RACK / TWO SUBDERMAL PIERCINGS; TATT L WRIST /</b>                                                                                                                                                                                                                                         |                                                                                                             | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                    |                                                                                                        |                                                  |
| Race<br><input checked="" type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Other                                                                                                                                          |                                                                                                                                                                                                                                                                      | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female                                                                                                                                                                                                                              | Date of Birth<br><b>01/15/1997</b>                                                                          | Height<br><b>5'02</b>                                                                                                                                                   | Weight<br><b>120</b>                                                                                   | Eye Color<br><b>BROWN</b>                        |
| Hair Color<br><b>BLACK</b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                      | Complexion<br><b>MEDIUM</b>                                                                                                                                                                                                                                                                                     |                                                                                                             | Build<br><b>MEDIUM</b>                                                                                                                                                  |                                                                                                        |                                                  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>PIER LO RACK / TWO SUBDERMAL PIERCINGS; TATT L WRIST /</b>                                                                                                                 |                                                                                                                                                                                                                                                                      | Marital Status<br><input checked="" type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed                                                                                                                                       |                                                                                                             | Religion<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                      |                                                                                                        |                                                  |
| Local Address (Street, Apt. Number)<br><b>3478 N CITATION DR 104, DELRAY BEACH, FL 33434</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                      | (City) (State) (Zip)<br><b>(954) 225-5722</b>                                                                                                                                                                                                                                                                   |                                                                                                             | Residence Type<br><input type="checkbox"/> 1 City<br><input type="checkbox"/> 2 County<br><input type="checkbox"/> 3 Florida<br><input type="checkbox"/> 4 Out of State |                                                                                                        |                                                  |
| Permanent Address (Street, Apt. Number)<br><b>3478 N CITATION DR 104, DELRAY BEACH, FL 33434</b>                                                                                                                                                               |                                                                                                                                                                                                                                                                      | (City) (State) (Zip)<br><b>(954) 225-5722</b>                                                                                                                                                                                                                                                                   |                                                                                                             | Address Source<br><b>SELF</b>                                                                                                                                           |                                                                                                        |                                                  |
| Business Address (Name, Street)<br><b>KAPOW, 431 PLAZA REAL, BOCA RATON</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                      | (City) (State) (Zip)<br><b>Server</b>                                                                                                                                                                                                                                                                           |                                                                                                             | Occupation<br><b>Server</b>                                                                                                                                             |                                                                                                        |                                                  |
| D/L Number, State<br><b>H560175975150 /</b>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                      | Soc. Sec. Number<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                           |                                                                                                             | DHS Number<br><b>[REDACTED]</b>                                                                                                                                         |                                                                                                        | Place of Birth (City, State)<br><b>BRONX, NY</b> |
| Citizenship<br><b>US</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                      | Co-Defendant Name (Last, First, Middle)<br>Race Sex Date of Birth<br><input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile<br><input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor                                                    |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| Co-Defendant Name (Last, First, Middle)<br>Race Sex Date of Birth<br><input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile<br><input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor   |                                                                                                                                                                                                                                                                      | Co-Defendant Name (Last, First, Middle)<br>Race Sex Date of Birth<br><input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile<br><input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor                                                    |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other<br><input type="checkbox"/> Legal Custodian                                                                                                                                                     |                                                                                                                                                                                                                                                                      | Name (Last, First, Middle)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                 |                                                                                                             | Residence Phone<br><b>[REDACTED]</b>                                                                                                                                    |                                                                                                        |                                                  |
| Address (Street, Apt. Number)<br><b>[REDACTED]</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      | (City) (State) (Zip)<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                       |                                                                                                             | Business Phone<br><b>[REDACTED]</b>                                                                                                                                     |                                                                                                        |                                                  |
| Notified by (Name)<br><b>[REDACTED]</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      | Date<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                       |                                                                                                             | Time<br><b>[REDACTED]</b>                                                                                                                                               |                                                                                                        |                                                  |
| Relationship<br><b>[REDACTED]</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      | Date<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                       |                                                                                                             | Time<br><b>[REDACTED]</b>                                                                                                                                               |                                                                                                        |                                                  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address. |                                                                                                                                                                                                                                                                      | School Attended<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                            |                                                                                                             | Grade<br><b>[REDACTED]</b>                                                                                                                                              |                                                                                                        |                                                  |
| <input type="checkbox"/> Yes, by <input type="checkbox"/> No                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                      | Property Crimes?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                         |                                                                                                             | Description of Property<br><b>[REDACTED]</b>                                                                                                                            |                                                                                                        |                                                  |
| Value of Property<br><b>[REDACTED]</b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                      | Drug Activity<br><input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Sell<br><input type="checkbox"/> Buy<br><input type="checkbox"/> Possess<br><input type="checkbox"/> Traffic                                                                                                               |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| Drug Type<br><input type="checkbox"/> Cocaine<br><input type="checkbox"/> Heroin<br><input type="checkbox"/> Marijuana<br><input type="checkbox"/> Other                                                                                                       |                                                                                                                                                                                                                                                                      | Drug Type<br><input type="checkbox"/> Cocaine<br><input type="checkbox"/> Heroin<br><input type="checkbox"/> Marijuana<br><input type="checkbox"/> Other                                                                                                                                                        |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| Charge Description<br><b>DUI</b>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | Status Violation Number<br><b>316.193(1)</b>                                                                                                                                                                                                                                                                    |                                                                                                             | Violation of ORD #<br><b>[REDACTED]</b>                                                                                                                                 |                                                                                                        |                                                  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                      | Amount / Unit<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                              |                                                                                                             | Offense #<br><b>[REDACTED]</b>                                                                                                                                          |                                                                                                        |                                                  |
| Counts<br><b>[REDACTED]</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                           |                                                                                                             | Warrant / Capias Number<br><b>[REDACTED]</b>                                                                                                                            |                                                                                                        |                                                  |
| Charge Description<br><b>[REDACTED]</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      | Status Violation Number<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                    |                                                                                                             | Violation of ORD #<br><b>[REDACTED]</b>                                                                                                                                 |                                                                                                        |                                                  |
| Drug Activity<br><b>[REDACTED]</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      | Amount / Unit<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                              |                                                                                                             | Offense #<br><b>[REDACTED]</b>                                                                                                                                          |                                                                                                        |                                                  |
| Counts<br><b>[REDACTED]</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                           |                                                                                                             | Warrant / Capias Number<br><b>[REDACTED]</b>                                                                                                                            |                                                                                                        |                                                  |
| Charge Description<br><b>[REDACTED]</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      | Status Violation Number<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                    |                                                                                                             | Violation of ORD #<br><b>[REDACTED]</b>                                                                                                                                 |                                                                                                        |                                                  |
| Drug Activity<br><b>[REDACTED]</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      | Amount / Unit<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                              |                                                                                                             | Offense #<br><b>[REDACTED]</b>                                                                                                                                          |                                                                                                        |                                                  |
| Counts<br><b>[REDACTED]</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                      | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                           |                                                                                                             | Warrant / Capias Number<br><b>[REDACTED]</b>                                                                                                                            |                                                                                                        |                                                  |
| Health / Apparent Physical Condition of Defendant<br><b>GOOD</b>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | Any knowledge of the following<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries                                                                                               |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| Check which applies<br><input type="checkbox"/> Released O.R.<br><input type="checkbox"/> Posted Bond<br><input type="checkbox"/> Released to Parent/Guardian<br><input type="checkbox"/> South County Mental Health                                           |                                                                                                                                                                                                                                                                      | T.O.T. County Jail<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                       |                                                                                                             | PROPERTY - Received By<br><b>BISSEON</b>                                                                                                                                |                                                                                                        |                                                  |
| Released By<br><b>BISSEON</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      | Released To<br><b>COUNTY JAIL</b>                                                                                                                                                                                                                                                                               |                                                                                                             | Transmitted By<br><b>[REDACTED]</b>                                                                                                                                     |                                                                                                        |                                                  |
| Date Transmitted<br><b>[REDACTED]</b>                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      | Time Transmitted<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                           |                                                                                                             | Other<br><b>[REDACTED]</b>                                                                                                                                              |                                                                                                        |                                                  |
| INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.                                                                                    |                                                                                                                                                                                                                                                                      | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>                                                                                                                                                                                                                         |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| Court Date and Time<br><b>01/07/2019 08:30:00</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                      | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILL FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br><b>[REDACTED]</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                      | Date Signed<br><b>11/29/18</b>                                                                                                                                                                                                                                                                                  |                                                                                                             |                                                                                                                                                                         |                                                                                                        |                                                  |
| HOLD for Other Agency<br><input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suspected                                                                                                                                                              |                                                                                                                                                                                                                                                                      | Signature of Arresting Officer<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                             |                                                                                                             | Name Verification (Printed by Arrestee)<br><b>[REDACTED]</b>                                                                                                            |                                                                                                        |                                                  |
| Name of Arresting Officer (Print)<br><b>BISSEON, S. R.</b>                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                      | LD #<br><b>664</b>                                                                                                                                                                                                                                                                                              |                                                                                                             | Agency<br><b>BRPD</b>                                                                                                                                                   |                                                                                                        |                                                  |
| Inmate Deputy<br><b>SPAWN 8101</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                      | Pouch #<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                                                    |                                                                                                             | Witness here if subject signed with an "X"                                                                                                                              |                                                                                                        |                                                  |

0503399

1530

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | PROBABLE CAUSE AFFIDAVIT |                            | 1 Arrest<br>2 NTA |                    | 3 Request for Warrant<br>4 Request for Copies |  | 1              | JUVENILE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|----------------------------|-------------------|--------------------|-----------------------------------------------|--|----------------|----------|
| Agency ORI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agency Name                         |                          | Agency Report Number       |                   |                    |                                               |  |                |          |
| <b>FL 0500200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>BOCA RATON POLICE DEPARTMENT</b> |                          | <b>3   2   2018-016035</b> |                   |                    |                                               |  |                |          |
| Charge Type: <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                            |                   | Special Notes      |                                               |  |                |          |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                            |                   |                    |                                               |  | Race           | Sex      |
| <b>HENRY, DOMINIQUE PAULINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                            |                   |                    |                                               |  | <b>B</b>       | <b>M</b> |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                            |                   |                    |                                               |  |                |          |
| <b>01/15/1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                          |                            |                   |                    |                                               |  |                |          |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                            |                   | Charge Description |                                               |  |                |          |
| <b>316.193(1) DUI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                            |                   |                    |                                               |  |                |          |
| Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                            |                   | Charge Description |                                               |  |                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                            |                   |                    |                                               |  |                |          |
| Victim's Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                            |                   |                    |                                               |  | Race           | Sex      |
| <b>STATE OF FLORIDA,</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                            |                   |                    |                                               |  |                |          |
| Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                            |                   |                    | Phone                                         |  | Address Source |          |
| <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                            |                   |                    | <b>(561) -</b>                                |  |                |          |
| Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                            |                   |                    | Phone                                         |  | Occupation     |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                            |                   |                    | <b>(56) -</b>                                 |  |                |          |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> was observed by <b>OFC CHRISSWISER</b> who told <b>OFC BISSOON</b> that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation admitting to the below facts.</p> <p>On the <b>29</b> day of <b>November</b>, <b>2018</b> at <b>04:00</b> (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                            |                   |                    |                                               |  |                |          |
| <p>On 11/29/2018 Ofc Lignal and I responded to 800 N Federal Hwy in reference to back up Ofc De Armas. Ofc De Armas was investigating a single car crash. I met with Ofc Chrisswiser who was the first one on scene. Ofc Chrisswiser advised that driver Dominique Henry and only occupant of a 2014 Mercedes bearing Fl tag#HNR05 was sitting in the driver seat with the car still running. Ofc Chrisswiser advised that she believed the driver Henry (it should be noted that Henry was standing outside of the vehicle when I arrived on scene) was possibly impaired. I then spoke with Ofc De Armas who advised that he had completed his traffic crash investigation. He then advised Henry that he was done with his investigation and was now turning the investigation over to me. Ofc Lignal then read Henry her Constitutional Warnings in the presence of myself and Ofc Chrisswiser. Henry advised that she understood and would answer my questions without an attorney present. I asked her what happened tonight and she stated that she had a lot to drink and she messed up. Henry advised that she works at Kapow a local restaurant at Mizner Park where she was coming from. Henry then advised that she messed up and got into the accident, which was all her fault. Henry was slurring her speech, she had a strong odor of an alcoholic beverage emanating from her person and her eyes were blood shot and glossy.</p> <p>Based on my observations I then asked her if she would submit to the roadside sobriety tasks to dispel my alarm that she was under the influence. Henry agreed to perform the tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Henry stated that she had no physical or medical problems that would prevent her from doing the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.</p> <p>The first SFST was the Walk and Turn. Henry failed to maintain the starting position. As she walked the line she failed to keep her feet heel to toe and stepped</p> |                                     |                          |                            |                   |                    |                                               |  |                |          |
| SWORN AND SUBSCRIBED BEFORE ME<br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>GRAHAM, KEITH J</b> #714</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p><b>11/29/2018</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>BISSOON, STEPHEN R. (664)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/29/2018</b></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                            |                   |                    |                                               |  |                |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                    |  |                                                |                                               |                 |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|------------------------------------------------|-----------------------------------------------|-----------------|------------------------------------|
| OBT'S Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>     |  | 1 Arrest<br>2 NTA                              | 3 Request for Warrant<br>4 Request for Capias | <b>1</b>        | JUVENILE                           |
| Agency ORI Number<br><b>FL 0500200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> |  | Agency Report Number<br><b>3 2 2018-016035</b> |                                               |                 |                                    |
| Charge Type:<br><input type="checkbox"/> 1 Felony<br><input type="checkbox"/> 2 Traffic Felony<br><input checked="" type="checkbox"/> 3 Misdemeanor<br><input checked="" type="checkbox"/> 4 Traffic Misdemeanor<br><input type="checkbox"/> 5 Ordinance<br><input type="checkbox"/> 6 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Special Notes                                      |  |                                                |                                               |                 |                                    |
| Name (Last, First, Middle)<br><b>HENRY, DOMINIQUE PAULINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                    |  |                                                | Race<br><b>B</b>                              | Sex<br><b>M</b> | Date of Birth<br><b>01/15/1997</b> |
| <p>off the line several times. She made an improper turn by just turning around instead of the way that I instructed her to. She failed to keep her hands to her sides. She walked 20 steps forward and then 19 steps backward. She also swayed during the task. She didn't count as instructed.</p> <p>The second SFST was the One Leg Stand. Henry failed to keep her foot six inches off the ground. She swayed during the task and she didn't keep her hands to her sides as she was instructed. She put her foot down several times during the task and she failed to count as instructed.</p> <p>The third SFST was the Finger to Nose (L-R-L-R-R-L). On the first left, she touched the under her nose on top of her top lip and then kept her finger on her nose for an extended timeframe. On the first right, she touched the tip of her nose. The second left she touched the bridge of her nose and kept her finger on her nose. The second right she touched the bridge of her nose. On the third right, she started raising her left hand and then corrected by touching her nose with her right finger. On the third left she touched the bridge of her nose. She also opened her eyes during the task.</p> <p>The fourth SFST was the Rhomberg Alphabet which she was unable to recite properly. Based on my investigation I placed her under arrest for DUI. Ofc. Lignal searched Henry and we then transported her to BRPD.</p> <p>Ofc. Renteria responded as my Breath Test operator and we both conducted the twenty-minute observation. Henry was then taken into the BAT room where she was asked to provide a breath sample. Henry advised she didn't know what to do at which point I then read her Implied Consent Warnings and she agreed to provide two breath samples of .290 and .272. See DUI influence report.</p> <p>Henry is being charged under F.S.S. 316.193(1) for DUI. She was transported to Palm Beach county jail for final disposition. Henry's vehicle was towed by Westway.</p> |  |                                                    |  |                                                |                                               |                 |                                    |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>GRAHAM, KEITH T</b> #114</p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>11/29/2018</b></p> <p>DATE</p> </div> <div style="width: 45%;"> <p></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>BISsoon, STEPHEN R (664)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/29/2018</b></p> <p>DATE</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                    |  |                                                |                                               |                 |                                    |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

PAGE  
2 of 2

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: BOCA RATON PD  
Instrument Serial Number: 80-006622 Software: 8100.27  
Date of Test: 11/29/2018

Date of Last Agency Inspection: 11/09/2018

Observation Period Began: 04:14

Subject's Name: DOMINIQUE P HENRY

DOB: 01/15/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test              | g/210L | Time  |
|----------|-------------------|--------|-------|
|          | Diagnostics Check | OK     | 04:46 |
|          | Air Blank         | 0.000  | 04:46 |
|          | Control Test      | 0.079  | 04:46 |
|          | Air Blank         | 0.000  | 04:47 |
|          | Subject Sample #1 | 0.290  | 04:48 |
|          | Air Blank         | 0.000  | 04:49 |
|          | Air Blank         | 0.000  | 04:50 |
|          | Subject Sample #2 | 0.272  | 04:51 |
|          | Air Blank         | 0.000  | 04:52 |
|          | Control Test      | 0.079  | 04:52 |
|          | Air Blank         | 0.000  | 04:52 |
|          | Diagnostics Check | OK     | 04:52 |

Cylinder Lot: 13518080A5  
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who ( ) is personally known to me or ( ) produced N/A as identification, and who after being placed under oath, states:

I DARTOLO RENTENIA, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature]

Signature

Date: 11-29-18

Sworn to (or affirmed) before me this 29 day of November, 2018

[Signature]  
Signature of Notary Public-State of Florida

Stephen Bissio  
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

2018016035

10-15: 0359

008: 0414

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

ARRESTING OFFICER: Bisson

Name: Ofc. De Armas Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: accident

Name: Ofc. Alvarez Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: accident

Name: Ofc. Chriswiser Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Roadsides / accident

Name: Ofc. Renteria Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Roadsides

Name: Ofc. Lignal Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Roadsides

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

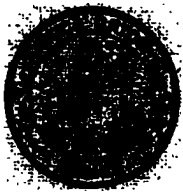
Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018016035

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday, November, 29, 2018.  
(day) (month) (date) (year)

B. The time is now approximately 440 AM/PM.

C. The following is in reference to case number 2018016035

D. Present at this time is Off. Bissoon of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Bissoon, have you arrested Dominique Henry in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs. Ms. Henry, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am Off Bissman of the Boca PD.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Dominique P. Henry

CASE #: 2018016035 DATE: 11-29-18

BREATH TEST RESULTS

1) TIME 0448/290 AMPM 2) TIME 451/272 AMPM  
3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Ofc. Renteria

MAINTENANCE TECHNICIAN: Ofc. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: good

CLOTHING: blk leggings, blk shirt, Jean Jacket

MEDICAL CONDITION: None

OTHER: \_\_\_\_\_

COMMENTS: Upon making contact with Dominique I  
was able to smell alcohol from her person. While speaking with  
her on the road she was unable to provide me with  
basic information, such as date of birth. Dominique was  
unable to keep her balance when she exited her vehicle.

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
- (7) Any statement can be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? yes

Where were you going? Home

What street or highway were you on? Federal

Direction of travel? N

Where did you start driving from? Kapow

What city (county) were you stopped in? Boca Raton

What time did you start? 0200 AM/PM What time is it now? 0400

What is today's date? 11/29/2019 What day of the week is it? Thursday

When did you last eat? yesterday What did you eat? shrimp, etemame, buns

What have you been doing the past three hours prior to this stop/accident? At Kapow hanging out

How much do you weigh? 125 Have you been drinking? Yes What were you drinking? Wine

How much? 3 glasses Where? Kapow With whom were you drinking? Co-workers

When did you have your first drink? 1900 AM/PM When did you stop drinking? 0200 AM/PM

How did you consume your last two drinks? 5/2

Are you under the influence of alcohol now? ☐ Yes ☒ No

Can you feel the effects of alcohol? ☐ Yes ☒ No

Have you consumed alcohol since the accident? ☒ Yes ☒ No

Can you feel the effects of alcohol? ☒ Yes ☒ No

Have you consumed alcohol since the accident? ☐ Yes ☒ No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? Server

When did you last work? Tuesday

Do you have any physical defects or injuries? ☐ Yes ☒ No If yes, explain: \_\_\_\_\_

Are you sick or injured? ☐ Yes ☒ No If yes, explain: \_\_\_\_\_

Do you limp? ☐ Yes ☒ No Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? No

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? \_\_\_\_\_

Are you taking any prescription medications? ☐ Yes ☒ No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy? ☐ Yes ☒ No Inner ear trouble? ☐ Yes ☒ No

Glass eye? ☐ Yes ☒ No Ear infection? ☐ Yes ☒ No

False teeth? ☐ Yes ☒ No Diabetes? ☐ Yes ☒ No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin? ☐ Yes ☒ No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? No

I am now ending this video recording. The time is now approximately 0503 AM/PM.

The date is November 29 2018  
(month) (day) (year)



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**  
Florida State Statute Exemption Sheet

**Palm Beach County Sheriff's Office – Arrests Only**

|                                                             | X                                   | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| I/E Exemptions                                              | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|                                                             | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).                                                                                                                                             |                |
|                                                             | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
|                                                             | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
|                                                             | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
|                                                             | <input type="checkbox"/>            | 119.071(4)(d)(2)(a)                     | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.                                            |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
|                                                             | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
|                                                             | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

|                            |                              |
|----------------------------|------------------------------|
| Booking Number: 2018039623 | Date: 11/30/2018             |
|                            | Specialist Name/ID: AM/31562 |